

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 126

63-032210

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Warrensburg

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Johnson County Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

c. CITY

Warrensburg

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

408 West South St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Amelia

Middle  
Bertha

Last  
Hamilton

4. DATE OF DEATH

Month Day Year  
August 31, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/15/1871

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

New York State

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fredric C. Longer

13b. MOTHER'S MAIDEN NAME

Amelia B. Hamilton

14. NAME OF HUSBAND OR WIFE

Charles W. Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

C.W. Hamilton, Warrensburg, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

15 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1950 to 31 Aug 63 and last saw her alive on 31 Aug 1963  
Death occurred at 2 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Med Maxson M.D.

22b. ADDRESS

Warrensburg, Missouri

22c. DATE SIGNED

9/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/2/63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill

23d. LOCATION (City, town, or county)

Warrensburg, Missouri

24. FUNERAL DIRECTOR

Cook Funeral Home, Chilhowee, Missouri

ADDRESS

DATE DECD. BY LOCAL REG.

Sept 2, 1963

25. REGISTRAR'S SIGNATURE

Savanna Cantelkfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 0515  
2 0515  
3  
4 1  
5 2  
6  
7 1  
8 0  
9 4200  
10  
11  
12 4-0  
13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4335

P. O. Address Cheltenham, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.